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In re Application of:

Albanese Lerner and
Cunefare

Serial No.: 10/767,144

Art Unit: 2832

Filed: January 26, 2004

Examiner: B. Rojas

For: Adaptable Vibration Absorber
Employing Magnetorheological
Elastomer with Variable Gap
Length and Methods and Systems
Therefor

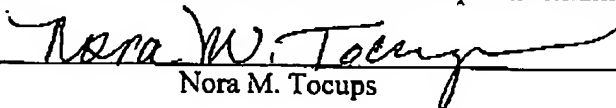
Attorney Docket
No: 0701-2812

To: Patent Examiner B. Rojas United States Patent and Trademark Office Art Unit: 2832	From: Nora M. Tocups, Esq. Registration No. 35,717
Fax: 571.273.8300	Date: February 16, 2006 Total pages, including cover: 17

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Nora M. Tocups

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PTO/SB/21 (09-04)

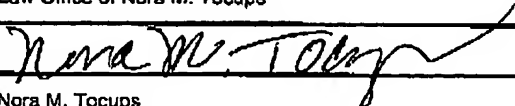
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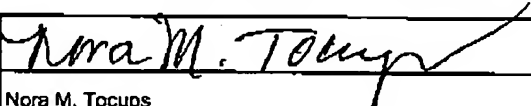
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/787,144	
	Filing Date	January 26, 2004	
	First Named Inventor	Anne-Marie Albanese	
	Art Unit	2832	
	Examiner Name	B. Rojas	
Total Number of Pages In This Submission	17	Attorney Docket Number	0701-2812

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Payment Form
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Firm Name	Law Office of Nora M. Tocups		
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Signature			
Typed or printed name	Nora M. Tocups	Date	February 16, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 200.00

Complete if Known

Application Number	10/767,144
Filing Date	January 26, 2004
First Named Inventor	Anne-Marie Albanese
Examiner Name	B. Rojas
Art Unit	2832
Attorney Docket No.	0701-2812

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Nora M. Tocups</i>	Registration No. (Attorney/Agent)	35,717	Telephone	404.372.1430
Name (Print/Type)	Nora M. Tocups			Date	February 16, 2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Anne-Marie Albanese Lerner and)
Kenneth A. Cunefare)
Serial No.: 10/767,144) Art Unit: 2832
Filed: January 26, 2004) Examiner: B. Rojas
For: Adaptable Vibration Absorber Employing)
Magnetorheological Elastomer with)
Variable Gap Length and Methods and)
Systems Therefor)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

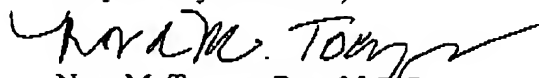
AMENDMENT AND RESPONSE TO FIRST SUBSTANTIVE OFFICE ACTION

Responsive to the first substantive Office Action in this matter, this Amendment and Response is presented as follows:

Claims – pages 2-8

Remarks – pages 8 – 13.

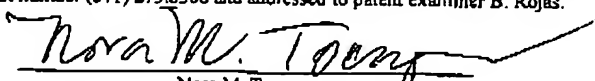
Respectfully submitted,


Nora M. Tocups, Reg. 35,717
Attorney for Assignee

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Attorney Docket No. 0701-2812

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Nora M. Tocups

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